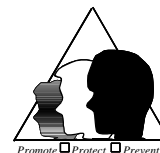




Medicaid Information Bulletin

January 2000



Visit the Utah Medicaid Program on the Internet: <http://www.health.state.ut.us/medicaid>

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This bulletin is available in editions for people with disabilities.

Call Medicaid Information: 538-6155 or toll free 1-800-662-9651.

Bulletin Numbering System

The first two digits of a Medicaid Information Bulletin indicate the year published. The first two digits of bulletins issued in the year 2000 are "00". The second two digits of the bulletin number indicate the order of issue. Example: Bulletin 00-01 is the first bulletin issued in the year 2000.

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Send the Publication Request Form attached.

► by FAX: **1-801-538-0476**

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00 - 01 Health Common Procedure Coding System - 2000 Revisions

Effective for dates of services on or after **January 1, 2000**, Medicaid begins accepting the 2000 version of the Health Common Procedure Coding System (HCPCS). HCPCS codes include the 2000 Physicians' Current Procedural Terminology (CPT) codes. Continue to obtain prior authorization required for procedures on the 1999 list, even though new codes may be added for the same or similar procedures, or codes may be changed on the 2000 list.

The April 2000 Medicaid Information Bulletin will contain details about coding changes for services by physicians, medical suppliers and so forth. Any 1999 HCPCS codes discontinued in 2000 may be used for dates of services prior to April 1, 2000. For services on and after April 1, 2000, providers must use the 2000 HCPCS codes.

If you have a question concerning billing the 2000 HCPCS codes, please contact Medicaid Information. □

00 - 02 Y2K Notice

Utah Medicaid is prepared for January 1, 2000. Computer system changes have been tested and verified extensively, and our telephone systems have been upgraded. We expect to be able to process claims and receive telephone calls as usual. No change in patient identification cards, billing requirements, the system of payments, or appearance of the paper or electronic remittance statements is planned. Some Medicaid staff will be on-site January 1. We will check the paper and electronic remittance statements before releasing them.

It is possible that something unforeseen will occur. For example, if there is a problem with telephone communication, we may issue press releases.

Verifying Client Eligibility

If you need to verify client eligibility and cannot reach AccessNow, Medicaid On-line, or staff, please follow the

procedures you ordinarily would if the computer system is down, such as checking the Medicaid Identification Cards. During this time it will be especially important for patients to bring their Medicaid cards with them to their appointments. We recommend that you ask - while scheduling or confirming appointments - that patients bring their Medicaid cards. If you call Medicaid Information and we have telephones but no system support, staff will use hard copy information to respond to your eligibility questions.

Requesting Prior Approval

If you need to request prior approval, but you cannot do so before the service is given due to a state system problem, please follow up as soon as possible, no later than January 31, 2000. If the service requires prior approval and staff couldn't issue prior approval, but the service would have been prior authorized, prior approval will be given retroactively.

Scope of Service Questions

If you have a question about the scope of service and cannot reach Medicaid staff, please check your provider manual.

Ensure Your Billing Process

Utah Medicaid has a contingency plan in place, but it does not include a plan to pay if you are unable to bill, so please check to be sure you have the ability to send claims which are Y2K-compliant.

Questions?

If you have questions or need help about submitting Medicaid claims as of January 1, 2000, the following information is available:

- o See quarterly Medicaid Information Bulletins beginning July, 1998.
- o See the Utah Y2K web site, address "www.das.state.ut.us/year2000".
- o If you have a question about your billing software or hardware, please contact your vendor.
- o If you have a Medicaid-specific question, please call Medicaid Information, telephone 538-6155 or toll-free 1-800-662-9651, and press 3, then 5. □

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00 - 03 Medicaid Provider Agreement Revised

A new Medicaid Provider Agreement will be sent to all Medicaid providers in January. A cover letter will advise providers of the requirements concerning the agreement and the deadline. It is expected providers will be allowed a minimum of two weeks to read, sign, and return the agreement.

FQHCs, Group Practices and Contractors

The requirement for a new Provider Agreement may have a **workload impact** on group practices, Federally Qualified Health Centers (FQHCs), and contractors. The workload is because the Medicaid address file has the same mailing address for providers affiliated with a group practice, FQHC, or contractor. The address on file is the one to which checks and the remittance advice are delivered.

The use of a single address for clinics and group practices means the Medicaid Provider Agreement for each affiliated provider will be sent to the same address. The person who routinely handles the checks, remittance advice, and Medicaid Information Bulletins will be responsible for distributing the agreement to individual providers. This will need to be done immediately upon receipt, as providers will have a limited time frame within which to read, sign and return the agreement to Medicaid.

We regret this potential workload impact on billing and administrative offices and will try to insure the time frame to return the agreement is reasonable.

Changes to the Agreement

The new Medicaid Provider Agreement includes federal requirements and clarifies a provider's rights and responsibilities. It is intended to make existing rules more clear and to emphasize several rules which seem to have been consistently misunderstood, such as payment in full, the prohibition against billing Medicaid patients, disclosure of ownership, and records inspection. Federal requirements are based on the Balanced Budget, American with Disabilities, Civil Rights and Social Security Acts.

Both public and private agencies and organizations involved in revising the agreement include: the Divisions of Health Care Financing, Service for People with Disabilities, Aging and Adult Services; Medicaid Fraud Unit; the Office of Ethnic Health; the Utah Medical, Dental, and Pharmacy Associations; Utah Association for Home Care; Utah Association for Community Services; Nurse Practitioner Conference Group; American College of Nurse Midwives, Utah Hospitals & Health Systems Agency; and legal counsel. □

00 - 04 Your Assistance Requested in Defining "Supervision"

Medicaid intends to revise the definition of "supervision" for Medicaid services. Since the philosophy and supervision requirements across the professions differ, Medicaid is soliciting your comments and suggestions for consideration in developing a revised definition.

Please send any pertinent information to:
Bureau of Coverage, Reimbursement Policy
P.O. Box 143102
Salt Lake City, Utah 84114-3102

□

00 - 05 Diagnostic and Rehabilitative Mental Health Services by DHS Contractors: Manual Clarifications

The Utah Medicaid Provider Manual for Diagnostic and Rehabilitative Mental Health Services by DHS Contractors has been revised to clarify policy. A copy of SECTION 2 has been sent under separate cover to Medicaid providers enrolled to provide services under this program. Additions and revisions are marked by a vertical line in the margin. If you are a contractor and do not receive a copy, please contact Medicaid Information. □

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00 - 06 Medicaid Audits and Investigations

SECTION 1 has been revised to add guidelines on Medicaid audits and investigations as a new Chapter 6 - 16, Medicaid Audits and Investigations. The guidelines explain the rights and responsibilities of Medicaid providers, auditors and investigators. The intent is to improve communication, practices, and cooperation in order to strengthen the delivery of health care to Medicaid recipients. Definitions pertinent to terms introduced in this new chapter have been added to Chapter 14, Definitions, and the Index has been expanded to include new keywords.

Utah Medicaid Provider Manual Updated

SECTION 1 Updated: Providers will find attached four pages to update the Utah Medicaid Provider Manual, SECTION 1. If you maintain a paper copy of SECTION 1, replace pages 1 - 2. Remove pages 27 - 28 and replace with pages 27 - 27A, 27B - 27C and 27D - 28.

The electronic version of SECTION 1 maintained on the Internet has been updated to include the new Chapter 6 - 16. The Internet address is:

<http://www.health.state.ut.us/medicaid/SECTION1.pdf>

Please note that SECTION 1 was updated in October 1999, as per Bulletin 99 - 94 titled Utah Medicaid Provider Manual, SECTION 1, GENERAL INFORMATION, Updated. All updates are based on the October 1999 version of SECTION. A current copy of SECTION 1 may be obtained from the Internet or by requesting a paper copy from Medicaid Information.

Charts added to GENERAL ATTACHMENTS

Two charts were developed to illustrate Medicaid investigations and the overpayment process. Providers will also find attached a copy of the charts, Medicaid Investigations and Overpayment Flow Chart. Please insert the charts into the GENERAL ATTACHMENTS Section after the description and diagram of the Medicaid Information phone menus.

Background of Policy on Medicaid Audit and Investigations

In the past, inconsistent federal rules and state laws concerning audits and investigations have led to mistakes and misunderstandings. For example, certain federal rules confuse and sometimes blur the distinctions between criminal, civil, and administrative audits and investigations.

To address this problem, the Departments of Health and Public Safety have established guidelines for Medicaid audits. The guidelines are intended to explain in understandable terms the rights and responsibilities of providers during a Medicaid audit or investigation. The policy was developed with the assistance of the Utah Medical Association, Public Safety, Medicaid Fraud, and hospital and nursing home organizations and adopted by the Executive Directors of Health (Rod Betit) and Public Safety (Craig Dearden). Medicaid will handle non-criminal overpayment claims. Public Safety's Medicaid Fraud Unit will handle criminal matters.

Allowing Access to Medicaid Records

Federal law requires providers to allow access to Medicaid records by Medicaid and the Medicaid Fraud Unit (MFU). However, a provider has a right to involve an attorney when records are requested, whether through the provider agreement or when served a subpoena. In addition, a provider may file an appeal with the Medicaid Hearing Office on any issue related to an overpayment or access to records issue under the provider agreement. Subpoenas and search warrants may be contested in court.

When records are requested under the Medicaid Provider Agreement, a provider does not have to 'drop everything' they are doing if an agent shows up unannounced at their office, nor can employees be interrogated against their will. However, failure to cooperate with a records request may result in the termination of the provider agreement.

For additional information, please refer to SECTION 1, Chapter 6 - 16, Medicaid Audits and Investigations.

Questions and Comments

If you have questions or comments on the guidelines or charts, you may call either Frank Mylar at (801) 538-9498 or Steve Gatzemeier at (801) 538-6455. □

Requesting a Medicaid publication or form?

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00 - 07 Utah Participates in HCFA Immunization Effort

Utah is one of seventeen states which has elected to participate in a Government Program Responsibility and Accountability (GPRA) effort. The federal Medicaid agency selected immunization rates among two year olds in state Medicaid programs as one measure of program effectiveness. We are partnering with the Division of Community and Family Health Services Immunization Program in the planning and implementation of the measure.

We will collect immunization status on a sample of children who are, or have been, enrolled in the Medicaid program for more than six months. We will use data from our own claims system, encounter data supplied by contracting health plans and information in the Utah State Immunization Information System (USIIS). We know that these data sources are not complete. In addition, we will survey parents of these children to determine where children get immunizations and their perceptions of barriers to getting their children fully immunized. Immunization Program staff will help us validate the data by doing chart reviews. You may be contacted as part of this process.

We will use the data to help us plan effective strategies to improve immunization rates among Medicaid children. We have already discovered areas that need more attention, such as giving appropriate immunizations as part of well child visits and obtaining free vaccine products through the Vaccines for Children (VFC) Program.

Immunize as Part of Well-child Visit

For example, the data in our claim system shows that very few children receive immunizations as part of a well-child (CHEC) visit. We encourage providers to give appropriate immunizations as part of well child visits. Did you know that you can bill us for the injection fee when you give an immunization as part of a well-child (CHEC) visit? We suspect that there may be confusion about billing for the immunization injection fee as well as the well-child (CHEC). You may bill us for the immunization injection fee (\$10.50) as well as the well-child (CHEC) visit. For more information, please refer to the Utah Medicaid Provider Manual for Physician Services, SECTION 2, Chapter 3, Limitations, Item GG.

Vaccines for Children (VFC) Program

We are also finding that providers need more information about the Vaccines for Children (VFC) Program. This program provides vaccine product to providers at no charge. You may immunize children who are (1) enrolled in Medicaid, (2) not insured or (3) American Indian/ Alaskan Native with VFC product. Medicaid may not pay for vaccine products covered by VFC, even when you use products from another source, so we encourage you to enroll in VFC. For more information about the Vaccines for Children Program, please contact the Immunization Program at (801) 538-9450 or refer to the following Medicaid Information Bulletins:

- ▶ Bulletin 96-09, published January 1996, titled "Physicians: Billing Administration Fee for Immunizations Under the Vaccines for Children Program"
- ▶ Bulletin 97 - 06, published January 1997, titled "Vaccines For Children Program"
- ▶ Bulletin 99 - 20, published January 1999, titled "CHIP and Vaccines for Children"

Questions?

If you have questions about this immunization measure please contact Julie Olson at (801) 538-6303 or jolson@doh.state.ut.us. You may also call the toll-free Medicaid Information Line and ask to be transferred to Julie Olson at extension 86303. □

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00 - 08 Vaccine Adverse Event Reporting System (VAERS)

The Vaccine Adverse Event Reporting System or VAERS is a system for reporting certain adverse events following vaccinations to help ensure the safety of vaccines. The VAERS is jointly operated by the Centers for Disease Control and Prevention and Food and Drug Administration and was established to provide a database of adverse events following vaccinations.

The National Childhood Vaccine Injury Act requires the submission of reports for any event listed in the Vaccine Injury Table or events listed in the manufacturer's package insert. In addition, the VAERS also encourages reporting of any clinically significant adverse event occurring after the administration of a vaccine.

The VAERS works best when vaccine providers voluntarily report possible vaccine-associated events. Therefore, the Immunization Program wants to remind you of the importance of reporting adverse events following immunizations. If you currently report events following immunizations, please continue your efforts. If you are not, please consider a system to monitor and report adverse events following immunizations.

If you have questions about reporting contact:

Randy Tanner at the Utah Department of Health,
(801) 538-9450
VAERS at 1-800-822-7967
FDA at (301) 827-3974

Report forms

Report forms can be obtained by calling the VAERS at 1-800-822-7967 or the Utah Department of Health, Immunization Program at 538-9450. The form can also be found on the following Internet web sites:

CDC VAERS web site
<http://www.cdc.nip/vaers.html>

FDA VAERS web site
<http://www.fda.gov/cber/vaers.html>

□

00 - 09 Clinic Assessment Software Application (CASA): A Tool for Conducting Practice-Based Immunization Assessments

CASA is a computer software tool for measuring immunization coverage at a clinic level. It makes it easy to enter vaccination information into a database and then analyze the results. By using CASA you can organize immunization data to suit your specific needs. The data CASA furnishes includes, but is not limited to:

- ▶ a diagnostic and summary report that highlights clinic practices that decrease immunization coverage levels;
- ▶ up-to-date status of two-year-olds served by your clinic or practice;
- ▶ antigen specific immunization coverage levels;
- ▶ proportion of children who drop out of the vaccination schedule; and
- ▶ extent of missed opportunities.

For more information, contact Randy Tanner of the Utah Immunization Program at (801) 538-9450. □

00 - 10 Coding for Maternity Care

A recent request was made to clarify appropriate coding for maternity services. The Physician's Current Procedural Terminology Manual (CPT) has significant information. Billing information is also available in the Utah Medicaid Provider Manual for Physician Services, SECTION 2, Chapter 2, Covered Services, under Maternity Care (page 15). Additional information has been added on billing the global fee, change of provider, and group practice.

SECTION 2 Updated

Providers of physician services will find attached pages 15A and 15B to update SECTION 2, Physician Services. Insert the page after page 15. Also, please note the following three changes on pages 14 through 16. On page 14, number Maternity Care as item 32. On page 15, codes Y7006, Y7050, and Y7051 have been moved from the bottom of the page to be the first item under High Risk pregnancy. On page 16, number anesthesia and laboratory services as items 33 and 34. □

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00 - 11 FAX Number Changes for Medicaid

Effective April 1, 2000, each Medicaid team will have its own FAX line in order to provide better customer service. Please note the following **FAX numbers** and update any systems that automatically address documents.

Document Control: (801) 536-0476

Paper claim submission (live claims), Medicaid Information Bulletin (MIB) and provider manual requests

Customer Service: (801) 536-0463

Claim corrections, manual pricing documentation including invoices

Pharmacy/Transportation: (801) 536-0464

Transportation documentation, claim corrections, transportation prior authorization requests

Provider Enrollment: (801) 536-0471

Provider applications, provider information updates including change of address, etc.

Operations and Technical Support: (801) 536-0498

Medicaid On-Line applications

Hospital: (801) 536-0493

Claim corrections, miscellaneous information

Nursing Home/Hospital: (801) 536-0474

Claim corrections

Emergency Only Program: (801) 536-0475

Medical Documentation

Filing Deadline Issues: (801) 536-0164

Affidavit and documentation

Medicaid Prior Authorization requests: (801) 538-6382

Other Medicaid Issues: (801) 538-6805

General number when a specific work team is not known. If FAX is intended for specific individual, please put that person's name on the cover sheet. This will help ensure the fastest service possible.

Agency Conference And/or Formal Hearing: (801) 538-6478

TPL documentation, EOBs: (801) 536-8513

Office of Recovery Services

SECTION 1 and GENERAL ATTACHMENTS Updated

SECTION 1 of the Utah Medicaid Provider Manual, Chapter 12, MEDICAID INFORMATION, (page 41) has been undated to delete the old FAX number for Medicaid. In its place, the following paragraph is added:

"FAX Numbers:

Each Medicaid team has its own FAX line in order to provide better customer service. These FAX numbers are on the back of the AccessNow instructions in the GENERAL ATTACHMENTS Section of the Utah Medicaid Provider Manual."

Please note that SECTION 1 was updated in October 1999, as per Bulletin 99 - 94 titled "Utah Medicaid Provider Manual, SECTION 1, GENERAL INFORMATION, Updated." All updates are based on the October 1999 version of SECTION. A current copy of SECTION 1 may be obtained from the Internet or by requesting a paper copy from Medicaid Information. If you have any questions regarding the change in FAX numbers, or would like a copy of the AccessNow instructions with the FAX numbers on the back, please contact Medicaid Information. □

00 - 12 Certified Nurse Midwives: CPT Code 17110 Added for Coverage

The following code has been added as an appropriate service for the nurse midwife to provide beyond maternity care:

17110 Destruction by any method of flat warts, molluscum contagiosum, or milia; up to 14 lesions

Code 17110 is added to the Utah Medicaid Provider Manual, SECTION 2, Certified Nurse Midwife Services, Chapter 4, Covered Services, under Procedures on page 9. Certified Nurse Midwives will find attached three pages to update SECTION 2: pages 1, 8 - 9 and new page 16. □

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00 - 13 Coding Patients as 'Established' or 'New'

Providers must observe both CPT and Medicaid guidelines on classifying a patient either as *new* or as *established*. CPT guidelines are found on page 1 of the Physician's Current Procedural Terminology Manual (CPT). Medicaid guidelines have been added to SECTION 1 of the Utah Medicaid Provider Manual as a new Chapter 8 - 2, Classifying Patients as 'New' or 'Established'. Medicaid guidelines further define 'established patient', 'new patient', and 'emergency department'. For details, refer to page 30A attached.

Maintaining Patient Records

Please be aware that all visits by a client must be maintained in a comprehensive patient record. That record should include appropriate information on all services rendered at that clinic, group practice or facility and should be comprehensive for the period of retention mandated for medical records. Failure to maintain records on all client visits and services rendered violates both federal and state laws and regulations.

SECTION 1 Updated

Providers will find attached pages 30A - 30B to update SECTION 1 of the Provider Manual. If you maintain a paper copy, insert the update after page 30. SECTION 1 continues with Chapter 9, PRIOR AUTHORIZATION, on page 31. The electronic version of SECTION 1 maintained on the Internet has also been updated. Refer to <http://www.health.state.ut.us/medicaid/SECTION1.pdf>

Please note that SECTION 1 was updated in October 1999, as per Bulletin 99 - 94, Utah Medicaid Provider Manual, SECTION 1, GENERAL INFORMATION, Updated. All future updates are based on the October 1999 version. A current copy of SECTION 1 may be obtained from the Internet or by requesting a paper copy from Medicaid Information. □

00 - 14 Zanamivir (Relenza®) Covered With Prior Approval

Effective November 1, 1999, the drug zanamivir (Relenza®) in 5mg amp is covered with prior approval and

only for immunodeficient patients ages 13 and older who are at high risk from diagnosed and documented diseases. The term "immunodeficient" includes: HIV/AIDS or other diseases that affect the immune system; long-term radiation treatment; and long term treatment with drugs such as steroids, oncology agents, and immunosuppressive agents.

The age range, other criteria and limits are added to the Drug Criteria and Limits List (page 4). Pharmacists and providers of physician services will find attached pages 1 - 2 and 3 - 4 to update the Drug Criteria and Limits List.

Low Molecular Weight Heparin

Please note a correction to the last sentence of item 4. B. in the column titled COMMENT. The correction is in bold type in the following sentence: "These two products have a limit of **twenty units per 30 day period**." □

00 - 15 CPT List of Codes Requiring Prior Approval Updated: Addition of Codes 43850, 43855, 43860, 43865

Four CPT codes have been added to the Utah Medicaid Provider Manual for Physician Services, Medical and Surgical Procedures List. Coverage is allowed with written prior approval.

43850 Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy

43855 With vagotomy

43860 Revision of gastrojejunal anastomosis (gastrojejunostomy) with reconstruction, with or without partial gastrectomy or bowel resection; without vagotomy

43865 With vagotomy

When requesting prior approval, attach case record and medical indication for review by the Medicaid Prior Authorization Unit.

Code List Updated

The four codes listed above have been added to page 24 of the Medical and Surgical Procedures List. This page will be issued with the April 2000 Medicaid Information Bulletin when coding changes required by HCPCS 2000 are made. □

Requesting a Medicaid publication or form?

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▸ by FAX: **1-801-538-0476**

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00 - 16 Telemedicine and Mental Health Services

As a pilot, Medicaid will cover certain outpatient mental health services, including psychiatric evaluations, physician medication management services, and individual therapy services when provided in a tele-health setting and through a rural community mental health center. Under this pilot project, through subcontracts with Wasatch Front psychiatrists, Northeastern Counseling Center, which serves the Uintah Basin tri-county area, will provide psychiatric evaluations and ongoing medication management services in a tele-health setting in order to increase access to these needed services.

Because rural mental health centers often have difficulty recruiting and retaining sufficient numbers of psychiatrists, telemedicine can offer mental health clients in rural areas increased access to needed mental health services. After this pilot is established, other rural mental health centers may also provide mental health services in a tele-health setting as tele-sites are developed.

For more information on this project, contact Karen Ford at 538-6637 or call Medicaid Information toll-free and ask to be transferred to Karen Ford at extension 86637. □

00 - 17 Home Health Agencies: Telehealth Skilled Nurse Pilot Project for Patients in Rural Areas

Medicaid is implementing a telehealth home care project effective January 1, 2000. The project is an additional, complimentary method to provide patient medical monitoring and education and to increase medical care compliance of home health care patients in rural areas. The project allows delivery of a percentage of home health care visits through Telehealth to patients who meet selection criteria. Briefly, criteria are: Patient lives in identified rural areas; meets diabetes eligibility requirements; is home bound and requires two or more home care nursing visits per week; and agrees to participate in Telehealth home care services.

The project will run for one year, after which a cost benefit analysis will be completed. This analysis will determine whether the project should be continued. The decision will be announced in a Medicaid Information Bulletin, tentatively the one to be published April 2001.

SECTION 2 Updated

Home health agencies will find attached three pages to update the Utah Medicaid Provider Manual: SECTION 2, Home Health Services, pages 1 and 17A - 17B. Insert pages 17A - 17B into SECTION 2 after page 17. The policy in Chapter 4 - 5, Telehealth Skilled Nurse Pilot Project for Patients in Rural Areas, has information on authorized providers, patient selection criteria, covered services, limitations, billing and payment, codes, and modifiers.

If the SECTION 2 update is not attached, and you want a copy, please contact Medicaid Information. □

00 - 18 Telehealth for Special Health Care Needs Children: Non-Covered Modifiers Explained

Bulletin 99 - 59, Telehealth for Special Health Care Needs Children Project, issued July 1999 announced a joint venture between Medicaid and the Special Health Care Needs Child demonstration project to explore telehealth as an option to provide care to Medicaid clients. This policy was added to the Utah Medicaid Provider Manual for Physician Services, SECTION 2, Physician Services, Chapter 2, Covered Services, as a new item 29.

The only service Medicaid covers is identified by the modifier GT. However, the UHIN standard for Telehealth includes two other modifiers: TR and TD. Following is more information about these two non-covered modifiers in order to clarify Medicaid policy.

- ▶ Modifier TR will be used to indicate a presenting provider was in attendance at the local health department. Since the presenting provider is an employee of the local health department, they will not receive reimbursement. This modifier will provide data indicating the number of times the presence of the presenting provider was required for the Telehealth session to enhance the physical assessment of the patient for the consulting provider.
- ▶ Modifier TD is used for transmission of data such as radiology or electrocardiogram. This is not a covered service for the Medicaid Telehealth Special Health Care Needs Child project

The explanation about the non-covered modifiers has been added to page 11 of the Utah Medicaid Provider Manual for Physician Services, SECTION 2, Physician Services. Because the change explains, rather than modifies policy, the revised page is not included with this bulletin. □

Requesting a Medicaid publication or form?

Send the Publication Request Form attached.

- ▶ by FAX: **1-801-538-0476**
- ▶ by mail to:
Division Of Health Care Financing
Box 143106
Salt Lake City UT 84114-3106

Internet site: <http://www.health.state.ut.us/medicaid>

Medicaid Information

- Salt Lake City area, call **538-6155**.
- In Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona and Nevada, call toll-free **1-800-662-9651**.
- From other states, call **1-801-538-6155**.

00 - 19 Pharmacies: Electronic Claims (Point of Sale) REQUIRED

Effective April 1, 2000, Medicaid will require all pharmacy claims to be submitted electronically through the Point of Sale system. Medicaid will only accept a claim submitted on paper when (1) a client becomes eligible for Medicaid after receiving services (retroactive Medicaid) AND (2) the provider's software cannot support a claim with a previous date of service.

Beginning April 1, 2000, Medicaid will return all Universal Pharmacy Claims (NCPDP) submitted on a paper form to the provider with a cover letter requiring the claim be submitted electronically.

Point of Sale System

The Point of Sale (POS) system provides pharmacists with the capability to submit pharmacy claims electronically. Pharmacy claims are routed electronically through network companies (switches). The network companies currently participating in this process are National Data Corporation (NDC) at 1-800-388-2316 or Envoy Corporation at 1-800-333-6869.

Pharmacy Manual Updated

Pharmacy providers will find attached pages 30 - 31, SECTION 2, Pharmacy Services, of the Utah Medicaid Provider Manual. The policy in Chapter 6 - 1, Point-of-Sale System, has been changed to add the requirement to bill all claims electronically as of April 1, 2000.

Also, please correct the telephone numbers for National Data Corporation (NDC) and Envoy Corporation which are page 1 of the Point of Sale Instructions. National Data Corporation (NDC) is 1-800-388-2316. Envoy Corporation is 1-800-333-6869.

Questions?

Should you have any questions or concerns regarding implementation of this requirement, please contact the Utah Medicaid Document Control Supervisor at (801) 538-6155 or toll-free 1-800- 662-9651, ext. #236. □

00 - 20 Pharmacists: Federal Upper Limits

The federal Health Care Financing Administration (HCFA), through the Federal Upper Limit Bureau, provides to the State Medicaid agency a biannual list which contains the mandated generic, multi-source level of reimbursement for the identified drugs. Revisions are generally made January 1 and July 1 each year.

First Data Bank, under contract to Utah Medicaid, maintains these pricing regulations on the Utah Master Reference File. Generic substitution may only be made with products with an A rating identified in the Approved Drug Products (orange) Book published by the U. S. Department of Health and Human Services. The Federal Upper Limit information is available through the Medicaid Point of Sale system and on the Internet at the following address:

<http://www.hcfa.gov/medicaid/drug10.htm>

A paper copy of the FUL list may be obtained by contacting Medicaid Information. If you have a question, contact either:

Raedell Ashley	538-6495
Duane Parke	538-6452

To call toll-free, call Medicaid Information. Ask for Raedell Ashley at extension 86495 or Duane Parke at extension 86452.

Pharmacy Manual on the Internet

The information about the Internet location of the FUL list is in the Utah Medicaid Provider Manual, SECTION 2, Pharmacy Services, Chapter 1 - 2, *Federal Upper Limit List*. You can locate the on-line pharmacy manual using a link at the following address:

http://www.health.state.ut.us/medicaid/html/section_2.htm

□

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00 - 21 Atypical Antipsychotic Drug Utilization Review

Atypical antipsychotic drugs are in utilization review. In October 1998, the DUR Board accepted the proposal by the Medical Director of Valley Mental Health for an outside committee to evaluate the possible use of the four agents (olanzapine, risperidol, quetiapine, and clozapine) in the pediatric population through age twelve. Currently, there is a significant use of these agents for developmental disorders.

The committee will develop guidelines for use for children and recommendations for use by specific ICD.9 codes. The DUR Board will review the guidelines and determine if they are acceptable. The DUR Board will also decide coverage of these agents for children for indications outside the accepted guidelines on a case by case basis by a designated subcommittee under the direction of the DUR Board.

It is being recommended that adult utilization for these agents be limited to ICD.9 codes 295.0,1,2,3,4,5,6,7,8,9 (Schizophrenic disorders) and 296.0,1,2,3,4,5,6,7,8,9,99 (Affective Psychoses). □

00 - 22 Psychiatric Evaluation for Speciality Medical or Surgical Procedures is Limited to Provision by a Board Certified or Board Eligible Psychiatrist

Guidelines for required psychiatric evaluations have been approved by the Utilization Committee. Effective January 1, 2000, psychiatric evaluation for speciality medical or surgical procedures is limited to provision by a Board Certified or Board Eligible Psychiatrist. The guidelines have been added to the Utah Medicaid Provider Manual, SECTION 2, Physician Services, Chapter 3, Limitations, as a new item K.

SECTION 2, Physician Services, Updated

Providers of physician services will find attached pages 18 -18A and 18B - 19 to update SECTION 2, Physician Services. The guidelines for required psychiatric evaluations are in item K on page 18A. On page 19, items K through R have been renumbered as L through S. Former item S, Reserved for future use, is deleted. □

00 - 23 Personal Assistance Waiver for Individuals with Physical Disabilities

The Personal Assistance waiver for individuals age 18 and over with physical disabilities was implemented July 1, 1998. This waiver allows the state Medicaid agency to cover services not otherwise available to physically disabled individuals who would be in an institution without these services.

The services available under the waiver include: personal emergency response, personal assistance services, and consumer preparation services.

The Division of Services for People with Disabilities (DSPD) will serve as the access point for services under this waiver.

SECTION 2 Added for Waiver Providers

A new SECTION 2 for providers of home and community based waiver services for individuals with physical disabilities has been issued to the Division of Services for People with Disabilities (DSPD), the agency responsible for providing access to waiver services. □

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- From other states, call **1-801-538-6155**.

00- 24 UMAP Providers: Use Correct Address for Filing Claims

All UMAP claims must be mailed to the following address. Claims mailed to the wrong address WILL BE RETURNED.

**Medicaid Operations/Claims
P.O. Box 143106
Salt Lake City UT 84114-3106**

Form MI-706: Requesting Authorization for Reimbursement

When requesting authorization for reimbursement, mail the documentation to the UMAP office where the client originated. Requests mailed to the wrong office will be sent back! Following are the addresses and telephone numbers of UMAP offices:

SALT LAKE COUNTY:

Salt Lake UMAP Office
2121 South 230 East
Salt Lake City UT 84115

Phone: (801) 468-0354

WEBER - MORGAN COUNTY:

Ogden UMAP Office
2540 Washington Blvd. #122
Ogden UT 84401

Phone: (801) 626-3670

UTAH COUNTY:

Provo UMAP Office
150 East Center Street, #1100
Provo UT 84606

Phone: (801) 374-7011

DAVIS COUNTY:

915 North 400 West, #201
P.O. Box 650
Layton UT 84041-2385

(801) 444-2905

OTHER COUNTIES

Ask the UMAP client which UMAP office issued their authorization.



00 - 25 Oral Surgeons and CPT Codes

Beginning February 1, 2000, oral surgeons who enroll with Medicaid will be able to bill select CPT codes for procedures which are not covered under the regular dental codes. Oral surgeons need to sign a new Medicaid Provider Agreement and enroll as an Oral Maxillofacial Surgeon provider type. CPT codes will only be payable to this new provider type.

If a procedure can be covered by a dental code, it must be billed using the dental codes. CPT codes must be billed using the HCFA 1500 form.

HCPCS 2000 Coding Changes

Code D7470, Removal of exostosis-maxilla/mandible, is discontinued in accordance with HCPCS 2000 coding changes. The replacement code is D7471.

Code D9240, I.V. sedation, all ages, in an office setting, is also discontinued. The replacement code is D9241.

New Provider Manual Available

When a provider enrolls as an Oral Maxillofacial Surgeon, Medicaid will issue a new Utah Medicaid Provider Manual for Oral Maxillofacial Surgeons. The manual provides a detailed description of services and authorized ADA and CPT codes open to this provider type. ☐

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